

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-373)**

SERIAL NO.

FILING DATE

APPLICANT

	AS FILING		AFTER INTERVENTION		AFTER RE-ENTRY	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL	4					
DEF.	42					
CLAIMS	4					

CLAIMS

	IND.	DEF.	IND.	DEF.	IND.	DEF.
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